



### THE BIOLOGICAL IMPERATIVES

One of the fringe benefits of being President of the National Medical Association is that you get a chance to review books on medical and paramedical subjects. This is a benefit according to the way you look at it and all of the other things NMA's president has to do. For instance, I was invited to attend the dedication of the Martin Luther King, Jr. General Hospital in the Watts-Willowbrook areas of Los Angeles on February 5th. Reading is a good way to occupy the flight time of a coast to coast trip, so I took along Allan Chase's, "The Biological Imperatives," which the publisher had sent to me for my reaction. I must admit that this book proved to be a worthy travel companion and the kind you wished you had written yourself. So much of what he has to say reflects the NMA's philosophy, analysis and proposed solutions to our nation's number one problem—the reordering of our priorities in order to fulfill our national commitment that good health and the 'quality life' is a right of all our citizens and an attainable goal in our lifetime. Author Chase was constantly reminding me of what I was trying to say in my inaugural address, and what our program since has been all about.

I have sent my reactions to Mr. Chase's arresting and comprehensive treatise pointing out, for whatever reason, his unfortunate omission of the National Medical Association and its pioneer efforts in this area as the world's first and only socio-economically oriented medical organization.

One or two of the author's quotes may tell my NMA colleagues why their President feels that the book is worthy as a resource or reference.

"Before he is Christian or pagan, liberal or conservative, black or white, rich or poor, pacifist or warrior, MAN is a biological entity. The control of the biological, chemical, and physical perils to his existence takes precedence—in terms of his

(Concluded on page 296)

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films. About 30 competent appraisers looked at them. All said the same thing, "Have the polyps out."

The patient entered the hospital and the operation was posted. On the day before I went in to see him with a very outstanding colleague. I laid bare his abdomen and with my colleague, who was a mutual friend, discussed the optimal type of incision.

With gesticulating fingers we drew imaginary lines over the patient's belly. These were all vertical. At first the lines were short, but they grew longer until our marks indicated a left rectus incision from costal margin to inguinal ligament—stem to stern, as it were. My colleague was not satisfied with this. He continued his line over the upper quadrant for an opening shaped something like a question mark.

During all this we were looking at each other and not at the patient, as it was none of his business. Our discussion was becoming enthusiastic, not to say, excited. Whereupon the patient, in his characteristic humble and gentle manner, said softly, "Doctors, I should like a diagonal incision, so as not to risk the cutting of any of the nerves." Amazed beyond words, I shook my finger at the patient, who had been one of my teachers in medical school, and said sternly, "Remember you are the patient and not the professor now, so what I say goes. The surgeon must have adequate exposure and we can cut one nerve, two nerves, even three, without significant impairment." In his meek voice, so soft that you scarce could hear, the patient replied, "Yes, doctor, but this is my belly and I don't want you to cut *any* nerves. I don't give a damn about surgical convenience. With a diagonal incision you can insert retractors and expose the whole peritoneal cavity. Now, Doctor, I respect your superior knowledge and skill, but won't you please go home and pray over this." Authoritatively, I concluded, "I'll make the decision," and turned to leave. The patient had one more request. Quietly he said, "Doctor, when you are coming out, don't turn anything over to the resident. I want the hand of the master suturing every

layer. I want his matchless skill to appose each tissue with the fine Italian eye—no dead space, tight, but not too tight." He concluded by saying that he thought his tissues were of a very fine quality of protoplasm and that I would be rewarded with quick healing and a very thin scar if I did as he said.

That night I reflected on all the patient had said and celestial guidance came upon me. Next morning I told the patient I had decided upon a diagonal incision and he was so happy.

Now I am happy too. The other day I visited the patient for a friendly purpose and the pathologist who had examined his frozen sections was there. In the course of conversation the operation came up and the patient stated that he had been unable to find his scar. He bared his lower abdomen and the pathologist and I scrutinized it together. We could find no sign of an incision. The patient gave me a large hand lens and still I could find nothing. I even asked him on which side the operation had been performed. As one who operates hundreds of times a year I could not be expected to remember a detail like that. When the patient told me the left side, I reexamined it again with and without the hand lens and there was absolutely no evidence that the integrity of the skin surface had ever been interrupted.

When the patient commented, "See what a result protoplasm of fine quality will give when you follow your patient's directives," the heavens shone with a great light. I shouted, "Hosanna!"

I had refrained from reporting this case in the literature for so long a time because I had hoped to build up a series of such cases. Now I realize that such good fortune cannot come my way again. Only once in a lifetime can a surgeon be expected to profit from such expert surgical guidance and fine quality tissue in a patient. I have been blessed with my share, but it may be that some of you may be similarly smiled upon. Be on the look-out. I wish you well.

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(Walden, from page 262)

sheer survival—over all problems arising from his politics, his religion, his race, his philosophy.

"The lawyers and the financiers and the technologists and the other largely university-trained people whom we elect to run our local and national governments, and to set up our national priorities, are more often than not intelligent people who share the almost universal ignorance of man's incredibly complex requirements for biological survival. In an era when our sheer existence as biological entities is clinically compromised by

the threatening changes in the biology, the chemistry, the physics, and the sociology of our total environment, government by well-intentioned and often highly intelligent people who just happen to be functional illiterates in biology is a luxury this industrial corner of the world can no longer afford."

The book's complete title is: "The Biological Imperatives: Health, Politics and Human Survival." The author is Allan Chase.

EMERSON C. WALDEN, M.D.

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